

Registration District No. 55

Primary Registration District No. 3011

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(c) Name of hospital or institution: W. Lincoln St  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Carroll  
(c) City or town Carrollton  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. Anderson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov, day 14, year 1942  
21. I hereby certify that I attended the deceased from 10-15, 1942, to 11-11, 1942  
that I last saw him alive on 11-11, 1942  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
7. Birth date of deceased Oct. 22 1881  
(Month) (Day) (Year)

Immediate cause of death: Chronic Interstitial nephritis  
Duration: \_\_\_\_\_

8. AGE: Years 61 Months 0 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 13/a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Carroll Co. Mo.  
10. Usual occupation Farming  
11. Industry or business \_\_\_\_\_  
12. Name Willis Anderson  
13. Birthplace Unknown  
14. Maiden name Rosa Jensen  
15. Birthplace Carroll Co. Mo.

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lizzie Parker  
(b) Address Carrollton Mo  
17. (a) Burial (b) Date thereof 11-17-42  
(c) Place: burial or cremation Oak Hill  
18. (a) Signature of funeral director Stanley  
(b) Address Carrollton Mo  
19. (a) 11-17-42 (b) Mrs. James Rafferty  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature William G. Atwood (M. D. co-signer)  
Address Carrollton Mo Date signed 11/17/42

JAN 7 - 1943

Health Officer No. 8,

License Number 11-20-42

NOV 23 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of..... }  
County of..... } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of <sup>birth</sup> death  
for Charles Anderson died Nov 14, 1942 in the State of  
<sub>born</sub> Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read Oct. 22, 1881

Instead of Oct. 21, 1874

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Erwine Mack Nephew  
Relationship

5042 Champlain, Chicago, Ill.  
Present Address.

Subscribed and sworn to before me this..... day of....., 194.....

My Commission expires.....

Erwin J. Brown  
Notary Public.

JAN 2

